

October 12, 2001

Mr. Steve Teeters  
Exopack, LLC  
2200 D Avenue East  
Seymour, Indiana 47274

Re: 071-14953-00028  
Third Administrative Amendment to  
FESOP 071-9061-00028

Dear Mr. Teeters:

Union Camp Corporation was issued a Federally Enforceable State Operating Permit on March 25, 1998 for a stationary multiwall bag printing operation. Ownership after a recent merger with International Paper Company was transferred September 29, 1999. On July 9, 2001 a request to transfer ownership and change of responsible official was received, with an effective date of July 31, 2001. Again on September 14, 2001 a name change and change of responsible official was received. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows:

The name of the company has been changed on the FESOP from FPD Acquisition, Inc at 2200 D Avenue East, Seymour, Indiana to Exopack, LLC at the same address. The appropriate Reporting Forms were changed also to reflect the new owners name. The responsible official was changed to Steve Teeters, Plant Manager.

A.1 General Information [326 IAC 2-8-3(b)]

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The Permittee owns and operates a stationary multiwall bag printing operation.

Responsible Official:	<del>Randy Freerks</del> Steve Teeters
Source Address:	2200 D Avenue East, Seymour, Indiana 47274
Mailing Address:	2200 D Avenue East, Seymour, Indiana 47274
SIC Code:	2674
County Location:	Jackson
County Status:	Attainment for all criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP) Minor Source, under PSD Rules; Minor Source, Section 112 of the Clean Air Act

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

Exopack, LLC  
Seymour, IN

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This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Original signed by  
Paul Dubenetzky, Chief  
Permits Branch  
Office of Air Quality

Attachments  
PD/gkf

cc: File - Jackson County  
Jackson County Health Department  
Air Compliance Section - Joe Foyst  
Compliance Data Section - Karen Nowak  
Permit Review Section 1 - Gary Freeman

**FEDERALLY ENFORCEABLE STATE  
OPERATING PERMIT (FESOP)  
OFFICE OF AIR QUALITY**

**Exopack, LLC  
2200 D Avenue East  
Seymour, Indiana 47274**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 and 326 IAC 2-1-3.2, as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F071-9061-00028	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: March 25, 1998  Expiration Date: March 25, 2003

First Administrative Amendment AAF071-11219-00028, issued September 29, 1999  
Second Administrative Amendment 071-14459-00028, issued August 21, 2001

Third Administrative Amendment: 071-14953-00028	Pages Affected: 4, 30, 31, 32, 33 and 34
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: <b>October 10, 2001</b>

## SECTION A SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ) and presented in the permit application.

### A.1 General Information [326 IAC 2-8-3(b)]

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The Permittee owns and operates a stationary multiwall bag printing operation.

Responsible Official: Steve Teeters  
Source Address: 2200 D Avenue East, Seymour, Indiana 47274  
Mailing Address: 2200 D Avenue East, Seymour, Indiana 47274  
SIC Code: 2674  
County Location: Jackson  
County Status: Attainment for all criteria pollutants  
Source Status: Federally Enforceable State Operating Permit (FESOP)  
Minor Source, under PSD Rules;  
Minor Source, Section 112 of the Clean Air Act

### A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-8-3(c)(3)]

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This stationary source consists of the following emission units and pollution control devices:

- (1) One (1) Flexoline 8 color flexographic printing press, constructed in 1986, identified as PS1, with a maximum line speed of 1200 feet per minute on ink or 400 feet per minute for ink and varnish, exhausting to three (3) stacks (S2, S3, and S4);
- (2) One (1) Flexoline 4 color flexographic printing press, constructed in 1988, identified as PS2, with a maximum line speed of 1100 feet per minute, exhausting to two (2) stacks (S5 and S6);
- (3) One (1) Union Camp 2 color flexographic printing press, constructed in 1996, identified as PS3, with a maximum line speed of 500 feet per minute; and
- (4) One (1) Advance Machine Technology one color flexographic printing press, constructed in 1989, identified as PS4, with a maximum line speed of 500 feet per minute.

### A.3 Insignificant Activities [326 IAC 2-7-1(21)] [326 IAC 2-8-3(c)(3)(I)]

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This stationary source also includes the following insignificant activities which are specifically regulated, as defined in 326 IAC 2-7-1(21):

- (1) One (1) 0.667 million British thermal unit per hour (mmBtu/hr) natural gas-fired boiler, exhausting to one (1) stack (S1);
- (2) Storage tanks with capacity less than or equal to 1,000 gallons and annual throughputs less than 12,000 gallons;

### A.4 FESOP Applicability [326 IAC 2-8-2]

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This stationary source, otherwise required to have a Part 70 permit as described in 326 IAC 2-7-2(a), has applied to the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ) for a Federally Enforceable State Operating Permit (FESOP).

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
CERTIFICATION**

Source Name: Exopack, LLC  
Source Address: 2200 D Avenue East, Seymour, Indiana 47274  
Mailing Address: 2200 D Avenue East, Seymour, Indiana 47274  
FESOP No.: F071-9061-00028

**This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.**

Please check what document is being certified:

- ☐ Annual Compliance Certification Letter
- ☐ Emergency/Deviation Occurrence Reporting Form
- ☐ Test Result (specify) \_\_\_\_\_
- ☐ Report (specify) \_\_\_\_\_
- ☐ Notification (specify) \_\_\_\_\_
- ☐ Other (specify) \_\_\_\_\_

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION  
P.O. Box 6015  
100 North Senate Avenue  
Indianapolis, Indiana 46206-6015  
Phone: 317-233-5674  
Fax: 317-233-5967**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: Exopack, LLC  
Source Address: 2200 D Avenue East, Seymour, Indiana 47274  
Mailing Address: 2200 D Avenue East, Seymour, Indiana 47274  
FESOP No.: F071-9061-00028

**This form consists of 2 pages**

**Page 1 of 2**

Check either No. 1 or No.2	
9 1.	This is an emergency as defined in 326 IAC 2-7-1(12) CThe Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and CThe Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16
9 2.	This is a deviation, reportable per 326 IAC 2-7-5(3)(c) CThe Permittee must submit notice in writing within ten (10) calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:
Control Equipment:
Permit Condition or Operation Limitation in Permit:
Description of the Emergency/Deviation:
Describe the cause of the Emergency/Deviation:

If any of the following are not applicable, mark N/A

Date/Time Emergency/Deviation started:
Date/Time Emergency/Deviation was corrected:
Was the facility being properly operated at the time of the emergency/deviation?    Y    N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency/deviation:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Attach a signed certification to complete this report.





**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
QUARTERLY COMPLIANCE REPORT**

Source Name: Exopack, LLC  
Source Address: 2200 D Avenue East, Seymour, Indiana 47274  
Mailing Address: 2200 D Avenue East, Seymour, Indiana 47274  
FESOP No.: F071-9061-00028

**Months:** \_\_\_\_\_ **to** \_\_\_\_\_ **Year:** \_\_\_\_\_

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify zero in the column marked "No Deviations".

**LIST EACH COMPLIANCE REQUIREMENT EXISTING FOR THIS SOURCE:**

<b>Requirement</b> (eg. Permit Condition D.1.3)	<b>Number of</b> <b>Deviations</b>	<b>Date of each</b> <b>Deviations</b>	<b>No</b> <b>Deviations</b>

Form Completed By: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Attach a signed certification to complete this report.